PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM. pg 1 of 2

APPLICATION FOR REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Glenda E. Hood
Secretary of State
DIVISION OF CORPORATIONS

FILED
03 NOV 17 AM 11:28
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # N02000005279

1. Corporation Name

HICKORY CREEK OF TITUSVILLE HOMEOWNERS' ASSOCIATION, INC.

Principal Place of Business	Mailing Address
~~104 JULIA STREET~~ TITUSVILLE FL 32796	~~104 JULIA STREET~~ TITUSVILLE FL 32796

REINSTATEMENT 03

If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. New Principal Office Address, If Applicable	3. New Mailing Office Address, If Applicable
Suite, Apt. #, etc.: 106 Julia Street	Suite, Apt. #, etc.: 106 Julia Street
City & State: Titusville, Florida	City & State: Titusville, Florida
Zip: 32796 Country:	Zip: 32796 Country:

4. Date Incorporated or Qualified To Do Business in Florida: 07/12/2002

5. FEI Number: 30-0131877 ☐ Applied For ☐ Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐ $8.75 Additional Fee required for a Certificate of Status

7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

1 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director	4 City / State / Zip
PD	ARNOFF, WILLIAM	~~104 JULIA STREET~~ 106 Julia Street	TITUSVILLE FL 32796
SVD	RHOADES, JENNIFER W	4224 PADDINGTON STREET	COCOA FL 32926
VTD	RHOADES, LARRY F	4225 PADDINGTON STREET	COCOA FL 32926
		04/16/03 90474 001	$ 87.50
			$ 61.25

8. Name and Address of Current Registered Agent

ARNOFF, WILLIAM
~~104 JULIA STREET~~ 106 Julia Street
TITUSVILLE FL 32796

9. Name and Address of New Registered Agent

Name
Street Address (P.O. Box Number is Not Acceptable)
Suite, Apt. #, Etc.
City | State: FL | Zip Code

CR2E040 (7/03)

10. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 607.0505, F.S. or 617.0505, F.S.

Signature of Registered Agent: SIGNATURE REQUIRED Date:
REGISTERED AGENT MUST SIGN

11. I certify that I am an officer or director or the receiver or trustee empowered to execute this application as provided for in chapter 607 or 617, F.S. I further certify that when filing this reinstatement application, the reason for dissolution has been eliminated, the corporate name satisfies the requirements of section 607.0401 or 617.0401, F.S., that all fees owed by the corporation have been paid and the names of individuals listed on this form do not qualify for an exemption under section 119.07(3)(i), F.S. The information indicated on this application is true and accurate, and my signature shall have the same legal effect as if made under oath.

SIGNATURE: SIGNATURE REQUIRED 11/12/03 321-383-9822
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

November 12, 2003

Hidden Oaks Of Titusville Homeowner's Association, Inc.
106 Julia Street
Titusville, Fl.32976

RE: UBR Notices

To whom it may concern,

We did not receive the two prior uniform business report notices.
Thank you, for your attention to this matter.

Sincerely,

William Arnoff
President